

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885

	INSTRUCTIONS: This fo appropriate. All further co- indicated unless corrected maintenance fee notification	rm should be used for trar rrespondence including the below or directed otherwise ns.	smitting the ISSU Patent, advance of in Block 1, by (a	JE FEE and rders and not a) specifying	PUBLICATION FEE (if requisification of maintenance fees a new correspondence address			
	CURRENT CORRESPONDENC	CE ADDRESS (Note: Use Block 1 for	any change of address)	Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
	40158 75	90 02/13/2006						
	WOODS FULLE ATTN: JEFFREY P.O. BOX 5027 SIOUX FALLS, S.		TH P.C.					
)5/15.	2006 EAREGAY2 00000				Denise Mon	ni Nelson	(Depositor's name)	
)1 FC:				May 1	12004	(Signature)		
	APPLICATION NO.	FILING DATE	FIRST NAME		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
,	10/782,115	02/19/2004	Kevin		Mathia	23 - 0493	5363	
ſ	APPLN. TYPE SMALL ENTITY		DLE ASSEMBLY ISSUE F		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
į		l			\$0	\$700	05/15/2006	
1	nonprovisional	YES	\$700		Y	\$700 T	03/13/2006	
Į	EXAMINER		ART UN		CLASS-SUBCLASS	J		
	GRANT, I. Change of correspondence	3723	•	081-177100				
	"Fee Address" indica	dence address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use	"Fee Address" Indication form recent) attached. Use of a Customer		(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed fo recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) 								
Please check the appropriate assignee category or categories (will not be printed on the patent):							oup entity Government	
•	4a. The following fee(s) are enclosed: 4b 1ssue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies				b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).			
	a. Applicant claims S	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.		cant is no longer claiming SMA			
	The Director of the USPTO NOTE: The Issue Fee and P nterest as shown by the reco	is requested to apply the Issu ublication Fee (if required) vords of the United States Pat	ue Fee and Publica will not be accepted ent and Trademark	tion Fee (if and from anyon Office.	ny) or to re-apply any previous e other than the applicant; a reg	ly paid issue fee to the application is tered attorney or agent; or t	ation identified above. he assignee or other party in	
	Authorized Signature				Date May 11, 2004			
Typed or printed name Jeffrey A - Proch Registration No. 35,987								
1	submitting the completed ap his form and/or suggestions Box 1450, Alexandria, Virg Alexandria, Virginia 22313-	oplication form to the USPI of the USPI of the reducing this burden, slinia 22313-1450. DO NOT 1450.	O. Time will vary hould be sent to the SEND FEES OR (depending u e Chief Infon COMPLETEI	to obtain or retain a benefit by llection is estimated to take 12 pon the individual case. Any c mation Officer, U.S. Patent and D FORMS TO THIS ADDRES llection of information unless it	omments on the amount of the Irademark Office, U.S. Dep S. SEND TO: Commissioner	me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	